

Annual Electric Utility Report  
for the Reporting Period 1998

This report is mandatory under Public Law 93-275, the Federal Energy Administration Act of 1974, Public Law 95-91, Department of Energy Organization Act, and the Energy Policy Act of 1992. Information reported on the Form EIA-861 is not considered confidential. See Section V of the instructions under General Information for the sanctions statement. Public reporting burden for this collection of information is estimated to average 8.49 hours per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collected information. Send comments regarding this form, its burden estimate, or any aspect of the data collection to the Energy Information Administration, Statistical and Methods Group EI-70, 1000 Independence Avenue S.W., Forrestal Building, Washington, D.C. 20585; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503. (A person is required to respond to the collection of information only if it displays a valid OMB number.) **Carefully read and follow all instructions. If you need assistance, call the HELP CENTER on Voice phone (202) 426-1271 or FAX phone (202) 426-1289 or contact the Survey Manager, Linda Bromley at (202) 426-1164 or by E-Mail at: LINDA.BROMLEY@eia.doe.gov.**

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Schedule I - Identification

- |  |  |
|--|--|
| 1. Respondent Identification Code:<br>(Assigned by EIA)  | 2. Mailing Name:   |
| 3. Exact Legal Name:   | 4. Brand/Commodity Name(s):  |
| 5. Address of principal business office at the end of the reporting year:  |  |
| 6. Mailing address for this form:  |  |
| 7. Contact Person<br>Name:<br>Title:<br><br>Telephone Number: (    ) _____ - _____<br>FAX Number: (    ) _____ - _____ | 8. Reviewing Official<br>Name:<br>Title:<br><br>Signature _____ Date _____ |

E-Mail:

**Note: Return the completed form to: U.S. Department of Energy, Energy Information Administration, EI-53, Mail Stop: BG-094(EIA-861); Washington, DC 20585-0650**

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Utility Code:  
Utility Name:

**Schedule II - General Information**

1. Ownership (Enter an "X" for the ownership type that applies):

- |   |   |  |  |
|---|---|--|--|
| a. <input type="checkbox"/> Federal               | d. <input type="checkbox"/> Municipal                     | f. <input type="checkbox"/> Investor-owned | h. <input type="checkbox"/> Power Marketer |
| b. <input type="checkbox"/> State                 | e. <input type="checkbox"/> Municipal Marketing Authority | g. <input type="checkbox"/> Cooperative    |  |
| c. <input type="checkbox"/> Political Subdivision |   |  |  |

2. Identify your relationship with the North American Electric Reliability Council by marking the region with either: Member (M), Associate (A), or Nonmember (N).

a. ASCC___	b. ECAR___	c. ERCOT___	d. FRCC___	e. MAAC___	f. MAIN___	g. MAPP___	h. NPCC___	i. SERC___	j. SPP___	k. WSCC___
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3. Name the Electric Control Area Operator(s) responsible for oversight of your electrical operations: \_\_\_\_\_

4. Does your utility currently operate a generating plant(s)? a. ☐ Yes b. ☐ No

5. For EIA use.

6. During the reporting year, identify the activities your utility was engaged in (Enter an "X" where appropriate):

- |  |  |
|--|--|
| a. <input type="checkbox"/> Generation from utility owned plants                     | e. <input type="checkbox"/> Buying distribution services on other electrical systems |
| b. <input type="checkbox"/> Transmission using owned/leased electrical wires         | f. <input type="checkbox"/> Wholesale Power Marketing                                |
| c. <input type="checkbox"/> Buying transmission services on other electrical systems | g. <input type="checkbox"/> Retail Power Marketing                                   |
| d. <input type="checkbox"/> Distribution using owned/leased electrical wires         | h. <input type="checkbox"/> Provide ancillary service(s) support                     |

7. What was your highest hourly electrical system peak demand? Summer (Kilowatts) \_\_\_\_\_ Winter (Kilowatts) \_\_\_\_\_

8. For Power Marketers, what was your highest hourly firm requirements demand supplied? Retail (Kilowatts) \_\_\_\_\_ Wholesale (Kilowatts) \_\_\_\_\_

9. For utilities taking full or partial requirements power supply under one or more contracts, what is the ending/termination year of the contract(s)?

\_\_\_\_\_

10. Did your utility use/operate alternative-fueled vehicles (vehicles that operate on alternative transportation fuels) during 1998, or does your utility plan to do so during 1999? a. ☐ Yes b. ☐ No If "Yes", please provide the following information on a contact person:

Name \_\_\_\_\_; Title \_\_\_\_\_; and Telephone Number \_\_\_\_-\_\_\_\_-\_\_\_\_\_.

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**Schedule II - General Information (Continuation)**

**11. Energy Sources and Disposition: (Note: report data in Megawatthours (MWh)).**

Sources of Energy		Megawatthours (MWh)	Disposition of Energy	Megawatthours (MWh)
a. Net generation			m. Sales to ultimate consumers	
b. Purchases from utilities			n. Requirements and nonrequirements <i>Sales for Resale</i>	
c. Purchases from nonutility				
d. Purchases from power marketers			o. Sales to power marketers for <i>Resale</i>	
e. Received (In)				
Exchange	f. Delivered (Out)		p. Energy furnished without charge	
	g. Net			
Wheeling	h. Received (In)		q. Energy used by utility's electric department without charge	
	i. Delivered (Out)			
	j. Net		r. Total energy losses	
k. Transmission by others losses (negative number)				
l. Total (a+b+c+d+g+j+k)			s. Total (m+n+o+p+q+r)	

**Schedule III - Electric Operating Revenue (thousand dollars)**

Electric Operating Revenue From Sales to Ultimate Consumers (a)	Electric Operating Revenue From Sales for Resale (b)	Electric Credits/Other Adjustments (c)	Other Electric Operating Revenue (d)	Total Electric Operating Revenue (a+b+c+d) (e)

**Schedule IV  
Electric Energy Information on Sales to Ultimate Consumers by State or U.S. Territory**

State/ Territory (a)	Item	Residential Sales (b)	Commercial Sales (c)	Industrial Sales (d)	Pub. Str. & Hwy Lighting (e)	Other Sales (f)	Total (b+c+d+e+f) (g)
1.	a. Revenue (thousand dollars)....						
	b. Megawatthours.....						
	c. Avg # of consumers.....						
2.	a. Revenue (thousand dollars)....						
	b. Megawatthours.....						
	c. Avg. # of consumers.....						
3. —	a. Revenue (thousand dollars)....						
	b. Megawatthours.....						
	c. Avg. # of consumers.....						
4. —	a. Revenue (thousand dollars)....						
	b. Megawatthours.....						
	c. Avg. # of consumers.....						
5. —	a. Revenue (thousand dollars)....						
	b. Megawatthours.....						
	c. Avg. # of consumers.....						
6. —	a. Revenue (thousand dollars)....						
	b. Megawatthours.....						
	c. Avg. # of consumers.....						
7. —	a. Revenue (thousand dollars)....						
	b. Megawatthours.....						
	c. Avg. # of consumers.....						

Notes:

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**Schedule V - Demand-Side Management Information**

Do you have utility administered Demand-Side Management (DSM) programs (see definitions)? a. ☐ Yes b. ☐ No. If "Yes" complete this schedule. If your DSM activities are reported on the Schedule V of another utility. DO NOT report them on this Schedule. Please name the utility that reports your DSM activities: \_\_\_\_\_

Program Effects	Part A. Demand-Side Management Actual Effects - 1998							
	Incremental Effects				Annual Effects			
	Residential	Commercial	Industrial	Other	Residential	Commercial	Industrial	Other
<b>1. Energy Efficiency</b>								
a. Energy Effects (MWh)								
b. Actual Peak Reduction (kW)								
<b>2. Load Management</b>								
a. Energy Effects (MWh)								
b. Potential Peak Reduction (kW)								
c. Actual Peak Reduction (kW)								
<b>Part B. Actual and Projected Annual Costs (thousands of dollars)</b>								
	<b>1998</b>							
<b>1. Direct Utility Cost</b>								
a. Energy Efficiency								
b. Load Management								
<b>2. Indirect Cost</b>								
<b>3. Total Cost</b>								

**Supplemental Demand-Side Management Information**

Have there been major changes to your DSM programs (e.g., terminated programs, new information or financing programs, or a shift to programs with dual load building and energy efficiency objectives), program tracking procedures, program evaluations, or reporting methods that impact the DSM data reported on this schedule? Yes ☐ No ☐ If "Yes" briefly describe the changes.

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**Schedule VI**  
**Nonutility Power Producer Information**

1. In column a, enter the name and address, including zip code, of all nonutility electric power producers (cogenerators, small power producers, and other nonutility generators) that **“operate”** in your service area and have an installed generator nameplate capacity of 1 megawatt (MW) or greater. In column b, enter the telephone number, including area code, for each entity listed. In column c, enter the installed generator capacity in megawatts (MW) for each entity listed. If the capacity of an entity is unknown, list the entity and report for the capacity "unknown." (Attach more pages if necessary.)

Line	Name and Address (a)	Telephone Number (b)	Megawatt Capacity (c)
1.			
2.			

2. In column a, enter the name and address, including zip code, of all nonutility electric power producers (cogenerators, small power producers, and other nonutility generators) that **“plan to operate”** in your service area and will have an installed generator nameplate capacity of 1 megawatt (MW) or greater. In column b, enter the telephone number, including area code, for each entity listed. In column c, enter the installed generator capacity in megawatts (MW) for each entity listed. If the capacity of an entity is unknown, list the entity and report for the capacity "unknown." (Attach more pages if necessary.)

Line	Name and Address (a)	Telephone Number (b)	Megawatt Capacity (c)
1.			
2.			

**Schedule VII - Distribution System Information**  
(Information collected every 3-years on a reoccurring basis)

If your utility owns a distribution system, please identify the names of the counties (parish, etc.) by State in which the electrical wire/equipment are located.

	State	Name of County		State	Name of County
1.			14.		
2.			15.		
3.			16.		
4.			17.		
5.			18.		
6.			19.		
7.			20.		
8.			21.		
9.			22.		
10.			23.		
11.			24.		
12.			25.		
13.			26.		

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Utility Name:

**Schedule VIII - Footnote Data**

	Page Number	Schedule/Item	Comments
1.			
2.			
3.			
4.			
5.			
6.			
7.			